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## INFORMATON ABOUT YOUR FAMILY MEDICAID/BADGERCARE COVERAGE

### Part 1 – List of Programs

Lists primary programs included in FMA

When you apply for Medicaid or BadgerCare we are required by law to look at all categories of Medicaid to find the best benefit for you. This Family Medicaid section includes information about your eligibility in Badger Care, Healthy Start, AFDC-Medicaid, AFDC-Related Medicaid, Medicaid Extensions and the Continuous Eligible Newborn programs.

### Part 2 - Introduction

This part contains a generic introduction. This part needs to state effective period (a past month, or ongoing) of the notice section.

XXX1 - We have evaluated your request for Family Medicaid coverage. This section details your eligibility for the month of MARCH 2003 only.

or

XXX2 - We have evaluated your request for Family Medicaid coverage. This section details your eligibility beginning MARCH 2003.

### Part 3 – Eligible Individuals

This part contains a list of individuals eligible for FMA during the period. This section needs to mark those individuals having a premium or deductible.

#### Eligible Individuals:

Person One

Person Two

Person Three

-(This individual has a monthly premium requirement. See details below)

#### Ineligible Individuals:

Person Four

-(This individual has a deductible requirement. See details below)

Jane Doe

- This person is not in qualifying living arrangement

Bob Doe

- The group can no longer receive this type of assistance because the eligibility review was not completed.

### Part 4 – Ineligible Individuals

This part contains a list of individuals ineligible for FMA during the period identified above, and not eligible in a non-FMA AG.

Legal Citations: XXXX.XX, XXXX.XX, XXXX.XX

Part 5 – Deductible and/or Premium Language

This part will contain supplemental text regarding deductibles or premiums for individuals listed above who have them.

Language needs to be worded to allow listing of multiple people.

These sections will not appear if there is no one having a premium or deductible in an FMA AG.

**Proposed Premium Language**

XXX5 - Effective XXXXXX, the amount that must be paid as a BadgerCare premium will **increase** from \$XXXX.XX to \$XXXX.XX.

XXX6 - Effective XXXXXX, the amount that must be paid as a BadgerCare premium will **decrease** from \$XXXX.XX to \$XXXX.XX.

XXX7 - Your BadgerCare premium for XXXXXXX is \$XXXX.XX. You will receive additional information on how your premiums are paid and when they are due.

XXX8 - You have been penalized with a Restrictive re-enrollment period effective XXXXXX through XXXXXX. This period may be reduced.

**Proposed Deductible Language**

XXX? - PERSON FOUR may be eligible for an MA Deductible. If he/she is eligible for an MA Deductible, a detailed MA Deductible determination will be attached.

Part 6 – ??? Other Supp Text ???

XX12 - \SBOLDTHIS ACTION DOES NOT AFFECT INDIVIDUALS ELIGIBLE FOR MA THROUGH SSI. THEIR SSI/MA COVERAGE IS NOT AFFECTED BY THIS ACTION. THEIR MA COVERAGE WILL CONTINUE AS LONG AS THE INDIVIDUAL RECEIVES SSI.\EBOL

Part 7 – Standard FMA Budget

If multiple FMA AG Budgets are applicable, the limits will be the highest of all AGs.

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**FAMILY MEDICAID COVERAGE  
SUPPORTING BUDGET DATA**

Your Earned Income . . . . .	XXXXX	Program Limits:
Your Unearned Income . . . . .	XXXXX	Income Limit . . . XXXXX
Disregards and Other Deductions .	XXXXX	BadgerCare
		Premium Limit . . XXXXX